

SUBJECT: **HONORING PREHOSPITAL DO NOT  
RESUSCITATE ORDERS, PHYSICIAN ORDERS  
FOR LIFE SUSTAINING TREATMENT AND  
END OF LIFE OPTION (AID-IN-DYING DRUG)**

---

**PURPOSE:** To allow EMS personnel to honor valid Do Not Resuscitate (DNR) orders or Physician Orders for Life-Sustaining Treatment (POLST) and other patient designated end-of-life directives in the field and act in accordance with the patient's wishes when death appears imminent.

**AUTHORITY:** California Health and Safety Code, Division 1, Part 1.8, Section 442 – 443  
California Health and Safety Code, Division 2.5, Section 1797.220 and 1798  
California Probate Code, Division 4.7 (Health Care Decisions Law)

**DEFINITIONS:**

**Advance Health Care Directive (AHCD):** A written document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions when unable or prefer to have someone speak for them. AHCD is the legal format for healthcare proxy or durable power of attorney for healthcare and living will.

**Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to terminal illness. The prescribed drug may take effect within minutes to several days after self-administration.

**Basic Life Support (BLS) measures:** The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- Assisted ventilation via a bag-mask device
- Manual or automated chest compressions
- Automated External Defibrillator (AED) – only if an EMT is on scene prior to the arrival of paramedics

**Comfort measures:** Medical interventions used to provide and promote patient comfort. Comfort measures applicable to the End of Life Option Act may include airway positioning and suctioning.

**Do Not Resuscitate:** DNR is a request to withhold interventions intended to restore cardiac activity and respirations. For example:


- no chest compressions
- no defibrillation
- no endotracheal intubation

---

EFFECTIVE: 06-01-92  
REVISED: 06-21-16  
SUPERSEDES: 02-28-15

PAGE 1 OF 7

APPROVED: \_\_\_\_\_

  
Director, EMS Agency

  
Medical Director, EMS Agency

- no assisted ventilation
- no vasoactive drugs

**End of Life Option Act:** This California state law authorizes an *adult*, eighteen years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an “aid-in-dying drug” prescribed for the purpose of ending his or her life in a humane and dignified manner.

**Physician Orders for Life Sustaining Treatment (POLST):** A signed, designated physician order form that addresses a patient’s wishes about a specific set of medical issues related to end-of-life care. May be used for both adult and pediatric patients.

**Resuscitation:** Interventions intended to restore cardiac activity and respirations, for example:

- cardiopulmonary resuscitation
- defibrillation
- drug therapy
- other life saving measures

**Standardized Patient-Designated Directives:** Forms or medallion that recognizes and accommodates a patient’s wish to limit prehospital treatment at home, in long term care facilities or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form, (Ref. No. 815.1)
- Physician Orders for Life-Sustaining Treatment (POLST, Ref. No.815.2)
- State EMS Authority-Approved DNR Medallion

**Supportive Measures:** Medical interventions used to provide and promote patient comfort, safety, and dignity. Supportive measures applicable for POLST and AHCD may include but are not limited to:

- Airway maneuvers, including removal of foreign body
- Suctioning
- Oxygen administration
- Hemorrhage control
- Oral hydration
- Glucose administration
- Pain control (i.e., morphine)

**Valid DNR Order for Patients in a Licensed Health Care Facility:**

- A written document in the medical record with the patient's name and the statement “Do Not Resuscitate”, “No Code”, or “No CPR” that is signed and dated by a physician, or
- A verbal order to withhold resuscitation given by the patient’s physician who is physically present at the scene and immediately confirms the DNR order in writing in the patient’s medical record, or
- POLST with DNR checked, or
- AHCD when the instructions state resuscitation should be withheld/discontinued

**Valid DNR Order for Patients at a Location Other Than a Licensed Facility:**

- EMSA/CMA Prehospital Do Not Resuscitate Form, fully executed, or
- DNR medallion, or
- POLST with DNR checked, or
- AHCD when the instructions state resuscitation should be withheld/discontinued

**PRINCIPLES:**

1. The right of patients to refuse unwanted medical intervention is supported by California statute.
2. Withhold or discontinue patient resuscitation if a valid AHCD or standardized patient-designated directive is provided.
3. If the patient's personal physician will sign the death certificate, invasive equipment (i.e., intravenous line, endotracheal tube) used on the patient may be removed.
4. Patients are encouraged to utilize one of the standardized patient-designated directives to ensure that end-of-life wishes are easily recognizable. If the patient is in a private home, the DNR or POLST should be readily accessible or clearly posted.
5. Photocopies of all the patient-designated directives are acceptable.
6. After a good faith attempt to identify the patient, EMS personnel should presume that the identity is correct.
7. A competent person may revoke their patient-designated directive at any time.
8. An adult individual, eighteen years or older, who has the capacity to make medical decisions and has a terminal illness may receive a prescription for an aid-in-dying drug and self-administer the aid-in-dying drug in order to end his or her life in a humane and dignified manner.
9. A health care provider, including EMS personnel, shall not be subject to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating in good faith compliance with the End of Life Option Act.

**POLICY:**

- I. **GENERAL PROCEDURES FOR EMS PERSONNEL FOR PATIENTS WITH A DNR, POLST OR AHCD**
  - A. Confirm the patient is the person named in the patient-designated directive. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
  - B. Initiate BLS measures immediately on patients in cardiopulmonary arrest pending

verification of a valid patient-designated directive or the criteria for discontinuing resuscitative measures outlined in Reference 814, Determination/ Pronouncement of Death in the Field, Policy I, C, have been met.

- C. Begin resuscitation immediately and contact the base hospital for further direction if family members/caretakers disagree or object to withholding resuscitation, or if EMS personnel have any reservations regarding the validity of the DNR directive.
- D. Transport to the facility designated by the physician or family members if the patient's condition deteriorates during transport and they have a valid DNR. This includes 9-1-1 and non-9-1-1 transports.
- E. Documentation of a DNR incident shall include, but is not limited to, the following:
  - 1. Check the "DNR" box on the EMS Report Form.
  - 2. Describe the care given. Print the base hospital physician's name, if consulted, and the date of the DNR directive.
  - 3. Note the removal of any invasive equipment.
  - 4. Document DNR orders written in the medical record of a licensed facility, including, the date signed, physician name, and other appropriate information or provide a copy of the DNR with the EMS Report Form.
  - 5. Provide a copy of the AHCD and/or other patient-designated directive with the EMS Report Form, when possible.

## II. DIRECTIVE-SPECIFIC PROCEDURES

### A. AHCD

- 1. A valid AHCD must be:
  - a. Completed by a competent person age 18 or older
  - b. Signed, dated, and include the patient's name
  - c. Signed by two witnesses or a notary public
  - d. Signed by a patient advocate or ombudsman if the patient is in a skilled nursing facility
- 2. If the situation allows, EMS personnel should make a good faith effort to review the AHCD and/or consult with the patient advocate.
- 3. Base contact is required for any AHCD instructions other than withholding resuscitation.
- 4. If the agent or attorney-in-fact is present, they should accompany the patient to the receiving facility.

B. State EMS Authority-Approved DNR Medallion

1. A medallion or bracelet attached to the patient is considered the most accurate form of identification for anyone not in a licensed facility.
2. Medallions are issued only after a copy of the DNR or POLST is received from an applicant. There are two (2) medallion providers approved in California; contact information:

- a. Medic Alert Foundation  
2323 Colorado Avenue  
Turlock, CA 95382  
Phone: 24-hour Toll Free Number (888) 633.4298  
Toll Free FAX: (800) 863-3429  
[www.medicalert.org](http://www.medicalert.org)



- b. Caring Advocates  
2730 Argonauta St  
Carlsbad, CA 92009  
Phone: 1-800-647-3223  
[www.caringadvocates.org](http://www.caringadvocates.org)



3. If the medallion is engraved "DNR", treat in accordance with Ref. No. 815.1, Prehospital Do Not Resuscitate Form.
4. If the medallion is engraved "DNR/POLST" and the POLST is available, treat as indicated on the POLST.
5. If the medallion is engraved "DNR/POLST" and the POLST is **not available**, treat in accordance with the DNR until the valid POLST is produced.

C. Physician Orders for Life Sustaining Treatment (POLST)

1. The POLST must be signed and dated by the physician, and the patient or the legally recognized decision maker. No witness to the signatures is necessary.
2. The POLST is designed to supplement, not replace an existing AHCD. If the POLST conflicts with the patient's other health care instructions or advance directive, then the most recent order or instruction governs.
3. In general, EMS personnel should see the written POLST unless the patient's physician is present and issues a DNR order.
4. There are different levels of care in Sections A and B of the POLST. Medical interventions should be initiated, consistent with the provider's scope of practice and POLST instructions.

5. Contact the base hospital for direction in the event of any unusual circumstance.

III. **END OF LIFE OPTION ACT:** A patient who has obtained an aid-in-dying drug has met extensive and stringent requirements as required by California law. The law offers protections and exemptions for healthcare providers but is not explicit about EMS response for End of Life Option Act patients. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

- A. Within 48 hours prior to self-administering the aid-in-dying drug, the patient is required to complete a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner". However, there is no mandate for the patient to maintain the final attestation in close proximity of the patient. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
- B. There are no standardized "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms but the law has required specific information that must be in the final attestation (see sample Ref. No. 815.3). If available, EMS personnel should make a good faith effort to review and verify that the final attestation contains the following information:
  1. The document is identified as a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner"
  2. Patient's name, signature and dated
- C. Provide comfort measures (airway positioning, suctioning) and/or airway/ventilation measures when applicable.
- D. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or AHCD is present, follow the directive as appropriate for the clinical situation.
- E. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of the patient's mental state. In this instance, EMS personnel shall provide medical care based on the discussion with the patient and as per standard protocols. EMS personnel are encouraged to consult with their base hospital in these situations.
- F. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act, inform the family that comfort measures will be provided and consider Base Hospital contact for further direction.
- G. Obtain a copy of the final attestation and attach it with the EMS Report Form,

SUBJECT: **HONORING PREHOSPITAL DO NOT  
RESUSCITATE ORDERS, PHYSICIAN ORDERS  
FOR LIFE SUSTAINING TREATMENT AND  
END OF LIFE OPTION (AID-IN-DYING DRUG)**

---

REFERENCE NO. 815

when possible.

CROSS REFERENCE:

Prehospital Care Manual

Reference No. 502, **Patient Destination**

Reference No. 606, **Documentation of Prehospital Care**

Reference No. 808, **Base Hospital Contact and Transport Criteria**

Reference No. 814, **Determination/Pronouncement of Death in the Field**

Reference No. 815.1, **EMSA/CMA Prehospital Do Not Resuscitate (DNR) Form**

Reference No. 815.2, **Physician Orders for Life-Sustaining Treatment (POLST) Form**

Reference No. 815.3, **Sample - Final Attestation For An Aid-In-Dying Drug to End My Life  
in a Humane and Dignified Manner**

Reference No. 815.4, **End of Life Option Field Quick Reference Guide**

Emergency Medical Services Authority #111: Recommended Guidelines for EMS Personnel  
Regarding Do Not Resuscitate (DNR) and Other Patient-Designated  
Directives Limiting Prehospital Care, 4<sup>th</sup> Revision, October 2013